

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155089		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/14/2011	
NAME OF PROVIDER OR SUPPLIER  HERITAGE HOUSE OF NEW CASTLE				STREET ADDRESS, CITY, STATE, ZIP CODE 1023 N 20TH ST NEW CASTLE, IN47362			
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F0000	<p>This visit was for the Investigation of Complaint IN00088582.</p> <p>Complaint IN00088582- Substantiated. Federal/state deficiencies related to the allegation are cited at F-223</p> <p>Survey dates: April 13 &amp; 14, 2011</p> <p>Facility number: 000035 Provider number: 155089 AIM number: 100266250</p> <p>Survey team: Leslie Parrett, RN TC</p> <p>Census bed type: SNF/NF: 79 Total: 79</p> <p>Census payor type: Medicare: 8 Medicaid: 58 Other: 13 Total: 79</p> <p>Sample: 3 Supplemental sample: 3</p> <p>Heritage House of New Castle was found to be in substantial compliance with 42</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0223	<p>CFR Part 483, Subpart B in regards to the Investigation of Complaint IN00088582</p> <p>This deficiency reflects a state finding cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 19, 2011 by Bev Faulkner, RN</p>						
SS=A	<p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>Based on record review and interview, the facility failed to ensure residents were free of physical abuse for 1 of 1 allegations of abuse reviewed related to touching a resident's mouth who was biting. (Resident # A)</p> <p>Findings include:</p> <p>Review of Incident Report, dated 3/27/11 at 9:00 p.m., for Resident # A indicated</p>			F0223	<p>Preparation and/or execution of This Plan of Correction in general or any corrective action set forth herein, in particular, does not constitute an admission or agreement by Heritage House of New Castle of the facts alleged or the conclusions set forth in the statement of deficiencies. The Plan of Correction and specific corrective actions are prepared and/or executed solely because of provisions of federal and/or</p>		05/11/2011

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	<p>Staff Involved: RN #1, CNA #1 and CNA # 2</p> <p>Brief Description of Incident: "CNA's were changing resident with the nurse helping them, CNA's reported that resident tried to bite nurse and she smacked him on the mouth. The nurse stated she patted him on the mouth and said "you are not going to bite me."</p> <p>Immediate Action Taken: Resident assessed for pain, injury and mental anguish. Ombudsman, MD, family notified.</p> <p>Preventative Measures Taken: Nurse suspended pending investigation."</p> <p>Review of interviews completed by the Director of Nursing (DON), dated 3/27/11 at 10:10 p.m., indicated Resident # A reports RN #1 was not mean to him and he was not afraid of any staff member. DON interviewed 3 other alert and oriented residents on 3/27/11 between 11:35 p.m. and 11:50 p.m., that RN # 1 has cared for and all 3 residents deny RN #1 being anything but very kind and caring.</p> <p>DON interviewed 5 staff members from 3/27/11 at 11:55 p.m. through 3/28/11 at 4:30 p.m., all 5 staff members indicated they have never seen RN # 1 being mean or abusive to anyone. Two CNA's indicated that they witnessed RN# 1 lightly tap resident # A on the mouth to</p>				<p>state laws. Heritage House desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective 5/11/11. Heritage House will continue to ensure all residents are free of physical abuse.1. What corrective actions were accomplished for the resident affected? A. Staff immediately called DON at home to report occurrence. B. DON assessed resident for pain, injury, and mental anguish. C. Nurse was removed from floor preventing any further staff to resident contact, nurse was also suspended pending investigation. D. Mental health doctor assessed resident for mental anguish. E. Investigation was completed, nurse was counseled, written up then allowed to return to work.2. How other residents having the potential to be affected by the same practice will be identified and what actions will be taken. A. All residents who attempt to bite staff could be affected. B. Behavior log and care plan have been updated to advise staff on how to appropriately handle a resident who is trying to bite staff.3. What measures will be put into place or what systemic changes will be made to ensure that the practice does not recur? A. All staff will be inserviced on how to appropriately deal with a resident who is trying to bite, including</p>		

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	<p>remind him not to bite her but she was not mean or abusive when she did it.</p> <p>Review of Resident # A's record on 4/13/11 at 2:00 p.m., indicated Resident # A's diagnoses included but were not limited to Bilateral Basilar Skull Fracture, Dysphasia secondary to severe Brain Injury, Quadriplegia secondary to Closed Head Injury.</p> <p>Resident # A's Physician's recapitulation orders, dated 4/1/11 through 4/30/11, indicated "hydrocodone/acet 5-325mg 1 tablet by mouth at 6 a.m., 8 a.m., 12 n and 10 p.m. diagnosis: pain. hydrocodone/acet 5-325mg 2 tablets by mouth at 6 p.m. diagnosis: pain" "Diets Pureed Diet due to Resident not chewing Food"</p> <p>Review of Progress Note, dated 1/21/11, indicated "concern recently with ongoing dental pain cannot tolerate teeth brushing despite scheduled hydrocodone." "Physical Exam Assessment: Quadriplegic chronic Otitis [ear infection] - ENT plans mastoidectomy soon Plan: will schedule xtra [sic] pain med before oral hygiene will have teeth cleaned and examined under anesthesia when released by ENT"</p>				<p>documentation in the behavior log. B. All staff will be inserviced on the facility's abuse policy.4. How the corrective actions will be monitored to ensure proper procedure is followed. A. Social Services will monitor behavior log 5 times weekly and report in daily stand up meeting. B. Social Services will report the behavior to QA quarterly for 6 months. C. Staff will continue to conduct quarterly resident interviews to ensure that all residents remain free from all types of abuse.5. The plan of correction and all inservicing will be completed on 5-11-11.List of AttachmentsA. Care planB. Abuse policyC. Behavior log</p>		

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	<p>Resident # A's Minimum Data Set (MDS), dated 4/4/11, indicated "Cognitive Patterns"</p> <p>Staff assessment for Mental Status, resident was able to complete interview</p> <p>"Dental F. Mouth or facial pain, discomfort or difficulty with chewing"</p> <p>On 4/13/11, interview with Resident # A at 3:00 p.m., indicated that a staff member had touched him on the mouth and it hurt a little. He indicated he knew who did this but would not give name of person, he just smiled. Resident # A indicated that staff are pleasant and treat him well.</p> <p>3.1-27(a)(1)</p>						